

Barrington Recreation
2022-2023 Before and After School Programs
K.A.P. & M.A.P. Information Sheet
Please read thoroughly!



Barrington Families,

Over the last few years, the Before and After School Programs have seen tremendous growth and have experienced high demand. Last year we changed the registration process to make it as streamlined as possible and had great feedback after the process was complete. After reviewing all options, we have decided to follow the same process as last year, which we have outlined below for you to review.

Registration Dates & Deadlines

- **2/11/22** Registration Packets become available to the community
- **3/19/2022** Families sign up for registration by submitting the online Google Form starting at 10:00am. The link can be found on our Recreation town website. **Submitting the form does not guarantee a space in the program, more details below**

<https://www.barrington.nh.gov/recreation-department>

- **3/23/2022** Families are notified by email about program placement.
- **3/31/2022** Complete registration packets and deposits are due to the office by 4:00pm.

Registration Packet Availability

Before and After School Care registration packets will be available on February 11th.

Registration Packets will be available at the Recreation Department, current before and after school programs, emailed through the department newsletter as well as on the Recreation Department's website.

The 2022-2023 Registration Process

The sign-up process will be held on Saturday, March 19th, 2022, at 10:00am. This is an online sign up only.

The Google Form link to sign up will open at 10:00am and will be available on our website:

<https://www.barrington.nh.gov/recreation-department>

Please note that submitting the Google Form does not guarantee program placement.

Participants will be notified by March 23rd about program placement.

Program placement will be on a first come, first serve basis. Families will fill out the Google Form by answering all questions and hitting submit. Once the form is submitted, your responses will be sent to the Recreation staff with a timestamp of when it was received. This time stamp is what will be used to enroll participants in their respective program. Please note that you do NOT need a RecTrac account to fill out this Google Form.

Households will be notified via email by Wednesday, March 23rd whether their child(ren) were accepted into the requested program. The Recreation Commission respectfully asks that families refrain from arriving at and/or calling the office about sign ups March 19th-23rd. Calling the office will create confusion and delays in the process.

Registration Packet Submissions

Once you have received notification about program placement, completed registration packets must be submitted to the Recreation Department by March 31st at 4:00pm. A non-refundable deposit equivalent to one (1) week's tuition is required with each child's packet submission.

If any participant's packet and or deposit is not received by 4:00pm on 3/31/22, the Recreation Department will, without contact, forfeit your spot and fill it with participant(s) on the waitlist.

Deposits

Deposit fee is equivalent to one week of the program. Deposits is used to cover administrative tasks and is non-refundable.

Split household:

Split household payments are not allowed within before/after-care program. It will be the parents' responsibility to create a payment process outside of the Recreation Department to ensure that only ONE parent or household, are submitting payments to the Recreation Department. Payments cannot be received from both parties due to reporting constraints and tax reporting.

Covid-19:

Due to the uncertainty of covid-19 we are planning to run before/after school programs as we have pre-covid. Please note that at any time, the programs may be adjusted to meet any state or federal guidelines. Any changes to the program will be communicated to parents in a timely manner.

Please feel free to contact us at 603-664-5224 or Recreation@barrington.nh.gov .

Sincerely,

Barrington Recreation

2022-2023 Before and After School Programs

K.A.P. & M.A.P. Information Sheet

Please read thoroughly!

PROGRAM: The K.A.P. & M.A.P. programs provide participants with quality, well-supervised activities that encourages self-confidence, creativity, and a healthy lifestyle. To meet the physical, social, emotional, and recreational needs of children in K.A.P. & M.A.P. We will offer safe and fun recreational activities that promote healthy choices and behaviors. These programs will also provide a safe and secure environment, a relaxed atmosphere where participants can socialize, time for homework, and a snack every day.

OUR TEAM: Our team is comprised of qualified, outgoing, and fun individuals who share their passion for recreational and educational programs with the community they serve. They are a group of very caring individuals who work together to create the best programs for you and your community.

WHO ARE THE PROGRAMS DESIGNED FOR: The K.A.P program is designed for students who are in grades K-1st, the M.A.P. program is designed for students who are in grades 2nd-4th

HOW TO SUBMIT REGISTRATION PACKETS: Sign ups opens online via Google Form beginning Saturday, March 19th, 2022, at 10:00am (The link can be found on our Recreation website: <https://www.barrington.nh.gov/recreation-department>). Families will be notified of their child's program placement by March 23rd, 2022. Once placement notifications have been sent out, registration packets and program deposits will be due by March 31st at 4:00pm.

Registration packets will be available beginning February 11th, 2022, at the Recreation Department, current before & after school programs, department newsletter and website. Parents/Guardians are required to update family/youth information yearly. A waitlist will be started once a program is full.

K.A.P. PROGRAM

(Grades K-1st)

When: Monday – Friday
Time: Morning Hours: 7:00am – 8:30am
Afternoon Hours: 2:45pm – 5:30pm

Location: AM Care- Barrington Elementary
PM Care- ECLC Building

Cost: Mornings only, \$50 per week
Afternoons only, \$60 per week
Mornings & Afternoons, \$75 per week

A non-refundable deposit equivalent to one week's tuition is due at time of registration

M.A.P. PROGRAM

(Grades 2nd-4th)

When: Monday – Friday
Time: Morning Hours: 7:00am – 8:30am
Afternoon Hours: 2:45pm – 5:30pm

Location: AM Care- Barrington Elementary
PM Care- Barrington Elementary

Cost: Mornings only, \$50 per week
Afternoons only, \$60 per week
Mornings & Afternoons, \$75 per week

A non-refundable deposit equivalent to one week's tuition is due at time of registration

LOCATIONS: Below is a breakdown of each program location.

K.A.P. AM- This program takes place at the Barrington Elementary School for grades K through 1st and is combined with M.A.P. AM care.

K.A.P. PM- This program takes place at the Barrington Early Childhood Learning Center (ECLC) for grades K through 1st.

M.A.P. AM- This program takes place at the Barrington Elementary School for grades 2nd through 4th and is combined with K.A.P AM care.

M.A.P. PM- This program takes place at the Barrington Elementary School for grades 2nd through 4th.

DATES OF PROGRAMS: The K.A.P. & M.A.P programs will operate on the 2022-2023 SAU 74 School Calendar. The programs will run from the first day of school until the last day of school.

- The program will be closed on days when there is no school, including snow days.
- Day Camps or week-long Vacation Camps are offered during scheduled school vacations, except the Thanksgiving break, Winter break and Federal Holidays.
- Day and Vacation camps are open to any student and are **not** included in the weekly K.A.P. & M.A.P. fees, so students will need to register/pay separately if they wish to attend.

DEPOSIT FEES:

- Upon registration, a deposit fee is required. This deposit fee will be the same amount as a typical week in the program (i.e. MAP morning-only care deposit fee: \$50).
- This deposit fee is non-refundable and will be used to cover administrative costs.

INSTALLMENT BILLING:

- Starting this year, installment bills will be applied weekly, typically on Mondays, during the current week of care. Bills will no longer be applied a week in advance.
 - If Monday is a holiday, bills will be applied on Tuesdays.
- Your bill will detail the total amount of fees you have incurred for the program, the total amount paid towards the program, and the total amount due.
- Your bill may also reflect an amount of credit your household has. This will appear with a (-) next to the amount to indicate that you owe nothing and have a credit to be used towards future payments or future programs.
- It is the responsibility of parents and guardians to submit payment each week.
- We are now offering automatic Credit Card payments. Instructions on how to enroll in automatic payments are detailed in the Parent Handbook.
- This feature is **ONLY** available for the Before/After care programs.
- Families are still responsible for checking their account to make sure a balance is not accumulating. The department will not always contact you in a payment is declined.
- Enrollment in automatic payments must be made online by the user. Office staff cannot enter credit card information for you but are happy to help you through the process if needed.

HOW TO MAKE PAYMENTS:

- Please make payments payable to Barrington Recreation Department.
- There are four ways a payment can be made:
 1. Mail payments to: Barrington Recreation Department, PO Box 660, Barrington, NH 03825.
 2. Drop payment off at: Barrington Recreation Department at 105 Ramsdell Lane at the Recreation Office or place it in the drop-box outside after hours.
 3. Make a payment via telephone: Contact the Barrington Recreation Department at (603) 664-5224
 4. Make a payment online by logging in to your account at:
<http://www.parksreconline.com/barrington.html>
- Types of payment we accept:
 1. Check made to Barrington Recreation Department
 2. CASH
 3. VISA
 4. MasterCard
- Split household payments are not accepted. It is the parent's/ guardian's responsibility to create a payment agreement outside of the recreation department. Only ONE parent/guardian can make payments towards the program due to tax reporting.
- **DO NOT** drop off payments at another Recreation program, including on site at the Elementary or ECLC before/after care programs. Staff do not have permission to take any payment at any time. All payments should be made utilizing the above outlined steps.
- You will not be billed for vacation weeks that the schools/programs are not running.
- Bills will not be prorated for weeks of holidays, snow days, or other partial closures. If the SAU is open for instruction a full week's bill applied.
- Households with more than a two (2) week balance may be asked to leave the program unless their account balance is paid off.
- Now that automatic payments are an option, we are asking all families to refrain from making larger, upfront payments that remain as a household credit, as this makes financial tracking difficult to work with. If you would like to pay ahead, please set up your CC for the automatic weekly payments instead.

WAITLIST:

- Once our registration limit is reached, children will be placed on the waitlist. Often times, families' plans or work schedules change, so when participants drop out of the program, we will work our way down the list to move waitlisted children into the program.
- *If you were on the waitlist from the previous year, you are not automatically registered for the 2022-2023 program.*
Waitlists for the previous or current school year are ONLY for that school year. If you need care for the 2022-2023 school year, you will need to re-register once registration opens.

ALLERGIES/MEDICATIONS:

- Please complete the Medical Authorization Form and turn in any medical emergency plans if your child has allergies, medical conditions and/or medications.
- **DO NOT** drop medication off at the program locations. Please bring any medication and/or epi-pens to the office where we can then transfer them to the site locations.

K.A.P. Participants (K-1st):

- *AM Care:*
 - Kindergarteners who attend the morning program should be dropped off at the Elementary School through the double doors located on the right side of the building to enter the cafeteria. The bus will pick them up and transport them to the Early Childhood Learning Center (ECLC).
 - First Graders will be dismissed from AM care directly to their classrooms at BES.
- *PM Care:*
 - Kindergarteners who attend the afternoon program will be brought to the multipurpose room at the ECLC to join the K.A.P. program after school dismissal.
 - First graders registered for K.A.P. PM Care will bussed to the ECLC where a REC staff member will greet them.

PROGRAM COMMUNICATION:

All programs have their own direct cellphone. These phones receive both calls and texts, however there is limited service inside some buildings, so it is best to text if possible.

Recreation Office: 603-664-5224

K.A.P Program (Grades K-1): 603-534-0145

M.A.P Program (Grades 2-4): 603-396-4471

BARRINGTON RECREATION DEPARTMENT

P.O. BOX 660, 105 RAMSDELL LN. BARRINGTON, NH 03825 PH: 603-664-5224

WWW.BARRINGTON.NH.GOV

OFFICE HOURS MON-FRI 8:00 AM-4:00 PM

**2022-2023 Before and After School Programs
K.A.P. & M.A.P. Payment Cover Sheet**

Child Participant Name: _____

Grade entering in Fall 2022: _____ Parent/Guardian Name: _____

Address: _____ City: _____

Zip Code: _____ Phone Number: _____

K.A.P. PROGRAM COST

Mornings only - \$50 per week
Afternoons only - \$60 per week
Both - \$75 per week

A non-refundable deposit equivalent to one week's tuition is due at time of registration.

M.A.P. PROGRAM COST

Mornings only - \$50 per week
Afternoons only - \$60 per week
Both - \$75 per week

A non-refundable deposit equivalent to one week's tuition is due at time of registration.

Please check the appropriate box below

K.A.P. (Grades K - 1) ☐ A.M. Only ☐ P.M. Only ☐ A.M. & P.M. (Both)

M.A.P. (Grades 2 - 4) ☐ A.M. Only ☐ P.M. Only ☐ A.M. & P.M. (Both)

OFFICE USE ONLY!

- | | |
|--|---|
| <input type="checkbox"/> Barrington Recreation Payment Cover Sheet | <input type="checkbox"/> Parent/Student Contract Form |
| <input type="checkbox"/> Barrington Recreation Registration Form | <input type="checkbox"/> Medical Authorization Form |
| <input type="checkbox"/> Pick up Permission List | <input type="checkbox"/> Deposit Payment |
| <input type="checkbox"/> Behavior Management Policy | |

Deposit: \$_____ Payment Type: ☐ Cash ☐ Check ☐ Visa ☐ Master Card CK # _____

BEHAVIORAL MANAGEMENT POLICY

Town of Barrington Recreation Department

Updated Version: 8/9/2021



Parent/Guardian and participating child must read, understand, and sign this form.

Discipline will be constructive in nature and include techniques such as:

1. Using limits that are fair, consistently applied, appropriate and understandable to your child's level
2. Providing your child with reasons for limits
3. Giving positively worded directions and redirecting your child to acceptable behavior
4. Helping your child to constructively express his/her feelings and frustrations to resolve conflict

The program staff will not use any type of physical or verbal abuse as a disciplinary measure.

Program staff will determine the Severity of situation to determine appropriate consequences based on the below chart. Consequences may vary based on the severity and frequency of each offense.

Offenses:	Severity	1st	2nd	3rd	4th	5th
Verbally threaten to use guns, knives or any weapon to harm another	1	Immediate Expulsion from program NO REFUND				
Possession of a weapon	2					
The use of drugs and/or alcohol	3					
Stealing	1 2 3	Write Up Parents notified 2-day suspension Damage restitution	Expulsion from Program Damage restitution NO REFUND			
Willful destruction of property						
Physically harming another person						
Physical Fighting						
Bullying (Verbal or physical)	1 2 3	Write Up Parents notified Damage restitution	Write Up Parents notified Damage restitution 2-day suspension NO REFUND	Expulsion from Program Damage restitution NO REFUND		
Disrespect of staff						
Found outside program boundaries						
Cursing						
Careless damage to Town or School property	1 2 3	Verbal Warning	Write Up Parent Notified	Write Up Parents notified Discussion of suspension	Write Up Parents notified Damage restitution 2-day suspension NO REFUND	Expulsion from program NO REFUND
Inappropriate Language						
Breaking Playground Rules						
Breaking Program Rules						

Bullying: Bullying includes a wide variety of behaviors, but all involve a person or a group repeatedly trying to harm someone who is weaker or more vulnerable. It can involve direct attacks (such as hitting, threatening or intimidating, maliciously teasing and taunting, name-calling, making sexual remarks, hazing and stealing or damaging belongings) or more subtle, indirect attacks (such as spreading rumors or encouraging others to reject or exclude someone).

Physically harming another person: includes but not limited to – hitting, biting, kicking & slapping

Breaking program rules: includes but not limited to defiance, uncooperativeness, insubordination, unruliness

I have read and understand the above policy. I assume the responsibility for insuring that my child is aware of this policy and the consequences of his/her actions should there be any such offense.

Parent/Guardian Signature:	Date:
Participant Name:	Age:
Participant Signature:	Date:



YOUTH REGISTRATION FORM

Program Name: _____

Participant name: _____ Address: _____

DOB: _____ Gender: M F Current Grade: _____

Shirt Size: YS (6/8) YM (10/12) YL (14/16) AS AM AL

Photo Release: I DO _____ DO NOT _____ give my permission for any photos taken of my child during this program to be used in recreation displays, printed material, or other advertisement. Parent initial _____

Parent/Guardian Information

Parent/Guardian 1: _____ Email: _____
 Mailing Address: _____ Town: _____
 State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent/Guardian 2: _____ Email: _____
 Mailing Address: _____ Town: _____
 State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____

Medical and Emergency Contact Information

1. Name: _____ Phone # _____ Relation: _____

2. Name: _____ Phone # _____ Relation: _____

Medical information (include *all* allergies, medications, and medical conditions): _____

Parent/Guardian Involvement

We need your help to make our programs successful. No coaching experience is required to volunteer.

☐ Coach

☐ Assistant Coach

Waiver/Release

The above-named of this form (hereafter "participant") has permission to participate in the activities of the Barrington Recreation Department (hereafter "TOWN"). This permission slip is valid for one year unless it is revoked earlier in writing by the participant. I understand and accept that the activities of the Town involve strenuous athletic pursuits that include, but are not limited to, the risk of physical contact, physical injury, and other inherent risks. In consideration of the above named participant being permitted to participate in the activities of the Town, in consideration of the instruction the participant is to receive and for other valuable consideration, I hereby agree on behalf of myself and the above named participant to indemnify and hold the Town of Barrington and all their officers, agents, employees, coaches and volunteers harmless from and against any and all claims of any sort whatsoever arising out of or in connection with the above named child's participation in Town activities.

ADDITIONALLY, THIS AGREEMENT SHALL APPLY TO ANY CLAIMS ARISING FROM OR THROUGH THE NEGLIGENCE OF THE TOWN OR ITS OFFICERS, AGENTS, EMPLOYEES, COACHES AND VOLUNTEERS.

(Minor child participant only): In the event of a medical emergency, I hereby give permission to administer first aid as deemed necessary. Further permission is given to allow medical services to be performed by doctors, hospitals or other qualified medical providers as deemed necessary in an emergency, including surgery if reasonably necessary. I understand that the cost of all emergency services is my responsibility. Any exceptions or restrictions imposed by the parent or guardian must be detailed and initialed in the space provided below:

By signing below, I acknowledge that I have read and understand this Registration form and the Liability Release Waiver and Authorization noted in section 8.

My responses are complete and accurate to the best of my knowledge, and I agree to abide and be bound by this document.

Parent/Guardian Signature: _____ Date: _____

K.A.P. & M.A.P.

Parent/Student Contract



Child's Name: _____

Grade: _____

1. I agree to pay on time for each week my child is registered. I understand that payment is due Mondays each week. If payment is not received by the deadline, my child's spot may be forfeited.
2. I understand that since programming costs for staff, rent, food and materials remain the same whether my child is in attendance or not, **there is no return of fees paid if a child is ill, fails to attend, or is expelled.**
3. I agree to pay overtime fees of \$10 for the first 15 minutes and \$1 per minute thereafter regardless of the reason for being late. This fee is payable before your child can return to the program. I also understand that I may be asked to remove my child from the program if overtime is habitual.
4. I understand that there is a \$25 charge for all returned checks and that checks are to be made payable to Barrington Rec. I understand that it is my responsibility to keep statements, receipts or canceled checks for income tax purposes. Barrington Rec's Federal ID number is **02-0311338**.
5. I understand that my child may not be left on school grounds without supervision. I agree to walk my child into the Morning Program each day and to be sure a Barrington Rec MAP staff member is present before releasing my child. I understand that staff is not prepared to accept my child until 7:00 a.m. I will sign my child in each morning and/or out each evening. Transportation home from the program will be provided by a parent or other designated person.
6. I understand that the normal operating hours for the Morning Program are 7:00am to the beginning of school, including days when a delayed start to the school day is necessary. I understand the normal operating hours for the Afternoon Program are from the ending of school to 5:30pm, including early release days. **Additional hours may be prorated.** These hours do not pertain to school closings. When the school closes (including early dismissals) due to weather or other conditions the MAP and KAP will be closed as well.
7. I agree to follow all parking procedures mandated by the Barrington Elementary School when I drop off and/or pick up my child(ren). I understand that failure to do so may affect my child(ren)'s enrollment in the program.
8. I understand that all forms required must be completed and on file before my child may attend. These include the registration form and this contract for services.
9. I understand that staff must release children to all parents listed on the registration form unless the Barrington Rec staff has been made aware of any court orders involving custody issues. In addition, I understand that I need to give written permission allowing staff to release my child to any individual other than the parent/guardian or those persons listed on this registration form.
10. I understand that the Barrington Rec Morning and Afternoon Staff cannot administer medication without completed medical authorization form and medication in original bottle with directions.
11. I understand that the Morning and Afternoon Program children may go on walking excursions. I agree that my child may participate in these trips.
12. ☐ The Barrington Rec may use any photographs or video tape of me or my child(ren) for promotional purposes unless otherwise noted in writing. Yes____ No____
13. ☐ I give permission for my child to view PG movies.____Yes____No
14. ☐ I give permission for my child to view PG-13 movies.____Yes____No
15. I understand that I am responsible for any damages resulting from my child's actions to either Barrington Rec or school property.
16. I agree to support and reinforce all Before & Afterschool Program rules, procedures and the Behavior Management Policy that concern the health and safety of the children. I give permission for the Barrington Rec Morning and Afternoon Program staff to administer basic first aid. I give my consent for Barrington Rec Morning and Afternoon Program to obtain Emergency Medical Care for my child. I understand that my child(ren) may not attend the Barrington Rec Morning and Afternoon Program with any illness that threatens the health of other children, and the Health Department regulations governing periods of infection are enforced. I will be asked to pick up my child from the program if he/she has a contagious illness.
17. I understand that my child **will** be going every day outdoors. I am responsible for making sure appropriate outdoor wear is supplied to my child. In accordance with the BES/ ECLC policy, if your child is too ill to go outside then they should not be in school or the before and aftercare programs. I will be asked to pick up my child from the program if he/she will not go outside due to illness.
18. I waive any claim for bodily injury or property damage against the Barrington School District, the Town of Barrington and the Barrington Rec while my child is a participant in a Barrington Rec program at any location.
19. I understand that I may be asked to withdraw my child if his/her behavior patterns threaten his/her own health and safety or the health and safety of other children. The established Behavior Management Policy will be followed, but severe infractions of the rules may result in immediate dismissal from the program.
20. I will notify the Barrington Recreation Department office at 603-664-5224 of any changes on the Program Registration Form.

ALL PARENT/GUARDIAN(S) WHO ARE RESPONSIBLE FOR THE ABOVE-NAMED CHILD **MUST** SIGN BELOW. By signing below, you acknowledge that you have read and understand the policies and procedures of the M.A.P. or A.S.K. Program.

Parent/Guardian Signature

Date

Participant Signature

Date

BARRINGTON RECREATION DEPARTMENT
MEDICAL TREATMENT & MEDICAL AUTHORIZATION FORM
105 Ramsdell Ln. Barrington, NH 03825
603-664-5224

Emergency Medical Treatment Authorization or Refusal

In the event I, _____, cannot be reached in an emergency requiring medical attention for my child, _____, I hereby give my consent to employees of the Barrington Recreation Department to secure proper emergency treatment and transportation of my child as deemed necessary.

The Barrington Recreation Department requires the following information regarding medication needs of participant in Barrington Recreation programs. Please note the following policies:

1. Each medication (i.e. prescription and over the counter) to be taken or medical devices/procedures/inhalers/Epi-pens used during program hours will remain in the child's possession to be placed in the same location of child's backpack each day.
2. Staff are not authorized to administer medication. They will remind and supervise the taking of medication for the participant and medication listed below.
3. Parents/Guardians are solely responsible for ensuring that adequate medication is provided in a secured container labeled with your child's name, the name of the medication, the dosage amount, and the time or times to be taken.
4. Medical personnel are not provided at our programs.

Participant Name: _____

Allergic to: _____

Name of Medication # 1: _____

Purpose of Medication: _____

Dosage Amount of Medication # 1: _____

Frequency of Dosage for Medication # 1: _____

Time(s) to be taken during program hours: _____

Duration of treatment: _____

Possible side effects and adverse reactions (if any): _____

Other information: _____

Health Care Prescriber: _____ Phone #: _____

Include additional medication information below:

Name of Medication # 2: _____

Purpose of Medication: _____

Dosage Amount of Medication # 2: _____

Frequency of Dosage for Medication # 2: _____

Time(s) to be taken during program hours: _____

Duration of treatment: _____

Possible side effects and adverse reactions (if any): _____

Other information: _____

Health Care Prescriber: _____ Phone #: _____

Name of Medication # 3: _____

Purpose of Medication: _____

Dosage Amount of Medication # 3: _____

Frequency of Dosage for Medication # 3: _____

Time(s) to be taken during program hours: _____

Duration of treatment: _____

Possible side effects and adverse reactions (if any): _____

Other information: _____

Health Care Prescriber: _____ Phone #: _____

Parent Signature: _____

Date: _____

Parent's Printed Name: _____

Cell Phone: _____

Home Phone: _____

Barrington Recreation Department

Pick Up Permission Slip

Program Name: _____

In the event that you cannot pick up your child(ren) from the program listed above, we need to have the names of the individuals we can release your child to on file.

The adult that picks up your child MUST bring PHOTO ID with them or they will NOT be able to pick up your child.

Please print in clear & legible handwriting!

Participant's Name:

Parent/ Guardian 1 Name/Phone #:

Parent/ Guardian 2 Name/Phone #:

Adults Full Name List below all adults that have permission to pick up your child. Besides parents, ONLY the adults you list below have permission to pick up your child.	Relationship to Child	Phone #
1		
2		
3		
4		
5		
6		
7		

Parent/Guardian Signature: _____ **Date:** _____